

## On Event Accidental Damage

We have specialist packages which offer the following features

Cover for any vehicle whilst competing, testing, track days, PR work, or filming.  
Fast and helpful claims settling service.

### Five Options of Cover

Option 1	Rolling Shell	Including	Bodyshell Suspension Loom Trim All Ancillary Systems
Option 2	Shell only	Including	Bodyshell repair or replacement Paint Safety cage & strengthening
Option 3	Engine & Transmission		Impact Damage Only
Option 4	Total Fire Loss		Fire loss following an accident
Option 5	Total Fire Loss		Fire Loss either accident or mechanical

IN ORDER TO PROVIDE A QUOTATION WE NEED THE FOLLOWING INFORMATION.

### Team Details

Name of Team	
Name of Team Owner	
Address	
Telephone Number	
Fax Number	
Mobile Number	
Email	

### Car Details

Make / Model of Car	
Owner of Car	
Age of Car	
Total Value of Car	
Value of Engine	

#### ☞ office address

Die Sport Assekuranz  
Financial & Insurance Broker  
Aispachstr. 18  
D – 72764 Reutlingen

#### ☞ contact detail

T. +49 7121 372280  
F. +49 7121 372281  
E. office@sportinsurance.net  
<http://www.sportinsurance.net>

#### ☞ managing director

Claus Wunderlich

#### ☞ tax number

DE 222056251

#### ☞ bank

Volksbank Reutlingen  
account 104233001 swift 64090100  
IBAN DE61640901000104233001  
BIC VBRTDE6RXXX

Value of Gearbox	
Cost of a repairing a BIG accident	
Sum Insured required	
Excess required	

**Event Details**

Event Title	
Race or Rally Series or Championship	
Class or Category	

**Driver Details**

Name of Driver	
Age of Driver	
History / Experience (cars driven - series etc.)	
Number of Races / Rallies in the last 3 years	
Has the driver named above had any accidents which would give rise to an insurance claim. If so, please give details	

**IMPORTANT**

If there is more than one driver we must have the above answers for each one.

Are you VAT registered?	Yes	No
Are you a current customer of Competition Car Insurance	Yes	No

Failure to disclose a material fact (any fact likely to influence the Insurers acceptance or assessment of this proposal) will render the insurance violable. If you are in any doubt about facts which might be considered material you should disclose them. You are advised to keep a record, including copies of letters, of all information supplied for the purpose of entering into the contract. A copy of this questionnaire will be supplied on request.

This questionnaire and the information provided in connection therewith contain statements upon which Underwriters will rely in declining to accept this Insurance.

I understand that the signing of this questionnaire does not bind me to complete or Underwriters to accept this Insurance.

Signature of Proposer .....

Date.....

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